

This form must be completed and returned with your regular weekly claim form (Me. B-100) to:
Maine Department of Labor, Special Programs Unit, Benefits Division, P.O. Box 259, Augusta, ME 04332-0259

Claimant's Name _____ **S. S. No.** _____

Log of Self-Employment Assistance Activities

During the week ending _____ my activities related to the Maine Enterprise Option were as follows: (Include training seminars, business counseling, etc.) Please be as specific as you can in summarizing your activities.

1. Did you participate in approved training during the week claimed? ☐ YES ☐ NO
Sponsor/Provider: _____ Dates: _____ * **HOURS:** _____
2. Did you meet with your Local Enterprise Coordinator (LEC) at your local CareerCenter for technical assistance or counseling during the week claimed? ☐ YES ☐ NO
CareerCenter: _____ Dates: _____ * **HOURS:** _____
3. Did you attend any workshops or business seminars during the week claimed? ☐ YES ☐ NO
Sponsor/Provider: _____ Dates: _____ * **HOURS:** _____
4. Did you do any market research or conduct marketing activities, such as promotion, advertising, sales calls, during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
5. Did you work on your business plan during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
6. Did you purchase inventory, equipment, or other necessary supplies during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
7. Did you work on product development during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
8. Did you have any sales activity during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
9. Did you do any record keeping during the week claimed? ☐ YES ☐ NO
Describe: _____ * **HOURS:** _____
10. Did you perform other activities not listed above during the week claimed? ☐ YES ☐ NO
Describe Activities: _____ * **HOURS:** _____

Total Hours *

*** NOTE:** To be eligible for MEO benefits, you need to perform **40 hours of self-employment activities** and record them (including training seminars, business counseling, etc.) each week, regardless if there is a holiday.

I certify that all statements on this form are true and correct. I know that the law imposes penalties for false statements made on this claim.

Claimant's Signature

Date